

UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

BRIAN KEITH CASH

3:17cv1257

CIVIL CASE NO:

VS.

FILED
SCRANTON

JUL 17 2017

UNITED STATES OF AMERICA, et seq

I
Venue
Complaint

~~AMO~~
PER ~~DEPUTY CLERK~~

1). The plaintiff Brian Keith Cash a citizen of the County of Union State of Pennsylvania, residing at United States Penitentiary Lewisburg P.O. Box 1000 Lewisburg, PA 17837 wishes to file a complaint Pursuant to Federal Tort Claim Act ("FTCA") 28 U.S.C. § 1334(b), 28 U.S.C. § 2401, et seq and 28 U.S.C. § 2675, et seq

II

2). The defendant is United States

III

3). Comes now Brian Keith Cash pro se and respectfully files complaint of pursuant to the Federal Tort Claim Act ("FTCA") 28 U.S.C. § 2401, et seq and 28 U.S.C. § 2675, et seq. In addition the plaintiff attaches a sworn affidavit in further support of his pursuant to the Federal Tort Claim Act ("FTCA")

III

STATEMENT OF FACTS

- 1). On Nov 24, 2016, Plaintiff suffered harm¹; injuries as a result of Salmonella food poisoning, that deprived from food that was served at the United States Penitentiary Lewisburg, PA. A food borne illness that spreaded throughout U.S.P Lewisburg from Nov 2016 til Dec 2016...
- 2). On Nov 24, 2016 Plaintiff woke up with a fever, diarrhea, excruciating abdominal pain, nausea, chills, inability to eat, and profuse sweating. After 2 days of these symptoms plaintiff made a complaint to a Lt. medical.
- 3). Nov 26, 2016 plaintiff wake up with the same symptoms. Throughout that day other prisoners was been quarantine for similiar symptoms. So plaintiff stop a Lt. and explained to him, his symptoms. The Lt said he will send a medical staff to evaluate plaintiff...
- 4). At 3:20 P.M. Health Service Staff arrived at plaintiff door during pill time. Plaintiff vital signs was taken. The plaintiff explained to HS staff his symptoms. HS staff stated due to plaintiff symptoms¹; vital signs plaintiff would be put in quarantine...
- 5). Plaintiff was escorted to the HS unit for more medical assessment. Due to vital signs, dehydration, poor skin tone (Pale and warm to touch). The plaintiff was given an I.V in left arm. 18 ga and 2000 cc NC was injected in plaintiff. After I.V was removed plaintiff vital signs was taken again. EMT-P L. Potter told plaintiff to increase water intake due to plaintiff been dehydrated. The plaintiff told EMT-P L. Potter drinking water causes excruciating pain in abdominal²; diarrhea. The plaintiff was put in quarantine to be separated for contact precautions and to be monitor due to Plaintiff condition. (Attached ^{see} Exhibit A 2 pg)

6). On Nov, 27, 2016 plaintiff woke up with excruciating abdominal pain dizziness, inability to eat, diarrhea, fever¹; profuse sweating. Plaintiff spoke to HS staff during filling. Plaintiff was told medical staff would be around to see plaintiff¹ other prisoners on Nov 28, 2016

7). On Nov 28, 2016 PA-C Jennifer Seroski evaluated plaintiff¹ other inmates with *Salmonella* food poisoning. Plaintiff vital signs was taking giving a lab test culture. So plaintiff stool could be tested. Plaintiff didn't feel better he still had abdominal pain, diarrhea²; etc. Plaintiff stated this to PA-C Jennifer Seroski. (Attached Exhibit B-2 pgs)

8). On Nov 29, 2016 PA-C Jennifer Seroski evaluated plaintiff. While vitals was taking Plaintiff stated there was No improvement from yesterday. Plaintiff still was having excruciating abdominal pain with cramping which was intermittent. Diarrhea 3-4 times at the time of evaluation and plaintiff couldn't hold food down. Dr. Edinger told plaintiff and other inmates it wasn't the flu. That some earlier lab results had come back and lab results was positive for *Salmonella* food poisoning. See Exhibit of evaluation (Exhibit C-2 pgs)

9). On Nov 30, 2016 plaintiff was evaluated by PA-C Jennifer Seroski Plaintiff tells the medical staff that he doing the same as yesterday if not worse and still sick. Having lots of abdominal pain, cramping and diarrhea continues. Plaintiff unable to hold food down. (Attached Exhibit D)

10). Dec 1, 2016 was removed from quarantine due to other prisoners having *Salmonella* food poisoning with symptoms as plaintiff. More inmates needed to be quarantine with Newer symptoms...

11). Plaintiff suffered the same symptoms for a few more days. On Dec 6, 2016 Plaintiff stool culture results came back from a medical laboratory confirming that Plaintiff had *Salmonella* bacteria / food poisoning. (Attach Exhibit -E)

12). Plaintiff is bringing actions and allegations against inter alia the United States pursuant to the Federal Tort Claim Act ("FTCA") for injuries suffered as the result of *Salmonella* food poisoning, which occurred at the U.S.P Lewisburg in Nov 2016 til Dec 2016. Plaintiff is filing this complaint on the United States for the harm suffered from *Salmonella* food poisoning and negligence. U.S.P Lewisburg served inmates tainted food with *Salmonella* bacteria. The entire prison was put on lock down due to the food borne illness. The Plaintiff and a vast amount of inmates contracted food poison. (Attach Exhibit -E)

13). The Plaintiff was given a food borne illness (*Salmonella*). The United States Penitentiary Lewisburg was negligence on the part of preparation of the food. U.S.P Lewisburg medical Department was negligence cause the food borne illness (*Salmonella*) started around Veteran's Day 11-11-2016. A lot of inmates was/ became sick. Medical staff said it was the flu and never address the food borne illness, accordingly saying it was something other than *Salmonella* for weeks. Had the United States address it accordingly this would have prevented the spread of *Salmonella* food poisoning bacteria, as well as a prison outbreak. Due to this medical, food, ~~retirece~~ etc at U.S.P Lewisburg food safety management system here at U.S.P Lewisburg was not effective.

14). The United States owes federal inmates a duty of care to protect them from unreasonable. The duty to use reasonable care in ensuring the safety of all inmates housed at U.S.P Lewisburg. The

The duty of care which the United States owes to federal inmates is ordinary diligence to keep inmates safe from harm.
18 U.S.C 4042

IV. Exhaustion of Legal Remedies

The plaintiff filed a Form 95 administrative claim to the appropriate federal agency on Dec 18, 2016 and the agency denied plaintiff claim on June 5, 2017 (Attach Exhibit G)

V. Prayer for Relief

Wherefore, plaintiff prays that this court enter judgment Granting plaintiff a declaration that the acts and omissions described herein this complaint is a violation under the pursuant to Federal Tort Claim Act and

Granting Plaintiff compensate damages in the amount of \$50,000 for the plaintiff injuries, harm suffered from the Salmonella food poisoning under the (Federal Tort Claim Act) and Granting any additional relief this court deems, just proper, and equitable.

Brian Cash

Dated: 7/12/17

Brian Cash # 19124-057

respectfully submitted

Brian Cash Brian Cash

P.P.S.P Lewisburg

P.O. Box 1000

Lewisburg, PA 17837

Verification

I have read the foregoing complaint and hereby verify that the matters alleged on information and belief, and, as to those, I believe them to be true. I certify under penalty of perjury that the foregoing is true and correct.

Brian Cash

Exhibit A

Bureau of Prisons
Health Services
Clinical Encounter

Exhibit A

Inmate Name: CASH, BRIAN KEITH
 Date of Birth: 03/06/1977
 Encounter Date: 11/26/2016 18:00

Sex: M Race: BLACK
 Provider: Potter, L. EMT-P

Reg #: 19124-057
 Facility: LEW
 Unit: X01

EMT/Para - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Potter, L. EMT-P

Chief Complaint: Cold or Flu Symptoms

Subjective: I/M reported to HS Staff during the Pm pill line that he is having diarrhea for the last four days.

Pain: No

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
11/26/2016	18:00 LEW	97.1	36.2	Oral	Potter, L. EMT-P

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
11/26/2016	19:12 LEW	111	Via Machine	Regular	Potter, L. EMT-P
11/26/2016	18:00 LEW	106	Via Machine	Regular	Potter, L. EMT-P

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
11/26/2016	19:12 LEW	14	Potter, L. EMT-P
11/26/2016	18:00 LEW	16	Potter, L. EMT-P

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
11/26/2016	19:12 LEW	118/81	Left Arm	Sitting		Potter, L. EMT-P
11/26/2016	18:00 LEW	130/86	Right Arm	Sitting		Potter, L. EMT-P

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
11/26/2016	19:12 LEW	98	Room Air	Potter, L. EMT-P
11/26/2016	18:00 LEW	99	Room Air	Potter, L. EMT-P

Exam:

General

Affect

Yes: Cooperative, Anxious

Appearance

Yes: Alert and Oriented x 3, Pale, Pallor, Diaphoretic

No: Appears Well, Appears Distressed, Lethargic, Obtunded, Stuporous, Appears in Pain, Cyanotic, Disheveled, Unkempt, Acutely Ill

Comments

I/M escorted to the HSU for assessment prior to placement in X-Block post four days of fever, chills, nausea and diarrhea. I/M denies any pain at this time. I/M states the symptoms continue and doesn't feel like drinking water. Vitals taken and WNL. I/M escorted to X-Block to be separated for contact precautions and will continue to monitor the I/M's condition.

Inmate Name: CASH, BRIAN KEITH

Date of Birth: 03/06/1977

Encounter Date: 11/26/2016 18:00

Sex: M Race: BLACK

Provider: Potter, L. EMT-P

Reg #: 19124-057

Facility: LEW

Unit: X01

ASSESSMENT:**Cold Symptoms**

Due to the I/M poor skin tone (Pale, and warm to the touch) and the I/M stating he doesn't feel like drinking water. The I/M was I/M given an IV Left AC with 18ga and 2000cc NC. I/M stated he was feeling better post TX. I/M refused Tylenol when offered (Stating he has GI issues) and placed in the X-Block Basement for contact precautions and will continue to monitor the I/M's condition.

I/M advised to increase his water intake and the dangers of dehydration.

Verbalized understanding

PLAN:**Disposition:**

Follow-up at Sick Call as Needed

Patient Education Topics:**Date Initiated Format**

11/26/2016 Counseling

Handout/Topic

Compliance - Treatment

Provider

Potter, L.

OutcomeVerbalizes
Understanding

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: Yes **By:** Shaw, Megan MD

Telephone or Verbal order read back and verified.

Completed by Potter, L. EMT-P on 11/26/2016 19:22

Requested to be cosigned by Shaw, Megan MD.

Cosign documentation will be displayed on the following page.

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: CASH, BRIAN KEITH

Date of Birth: 03/06/1977

Encounter Date: 11/28/2016 12:50

Reg #: 19124-057

Facility: LEW

Unit: X01

Mid Level Provider - Evaluation encounter performed at Special Housing Unit.

SUBJECTIVE:**COMPLAINT 1** Provider: Seroski, Jennifer PA-C**Chief Complaint:** GASTROINTESTINAL**Subjective:** F/U for GI symptoms. Reports BM x 3 today which are watery. Abdominal pain described as cramping and intermittent. States, "I still don't feel good." No better since yesterday. Denies N/V, fever, or bloody diarrhea.**Pain:** Yes**Pain Assessment**

Date: 11/28/2016 12:51

Location: Abdomen, Diffuse

Quality of Pain: Cramping

Pain Scale: Unavailable

Intervention: see CPOE

Trauma Date/Year:

Injury:

Mechanism:

Onset: 3-5 Days

Duration: 3-5 Days

Exacerbating Factors: None

Relieving Factors: None

Comments:

OBJECTIVE:**Temperature:**

Date	Time	Fahrenheit	Celsius	Location	Provider
11/28/2016	12:52 LEW	98.3	36.8	Oral	Seroski, Jennifer PA-C

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
11/28/2016	12:52 LEW	89	Radial	Regular	Seroski, Jennifer PA-C

Respirations:

Date	Time	Rate Per Minute	Provider
11/28/2016	12:52 LEW	16	Seroski, Jennifer PA-C

Exam:**General****Affect**

Yes: Cooperative

Appearance

Yes: Alert and Oriented x 3

No: Pale, Diaphoretic

Skin

Inmate Name: CASH, BRIAN KEITH

Date of Birth: 03/06/1977

Encounter Date: 11/28/2016 12:50

Sex: M Race: BLACK

Provider: Seroski, Jennifer PA-C

Reg #: 19124-057

Facility: LEW

Unit: X01

Exam:**General**

Yes: Within Normal Limits

Eyes**Conjunctiva and Sclera**

Yes: Within Normal Limits

Lips**General**

No: Cheilitis

Mouth**General**

Yes: Within Normal Limits

Pulmonary**Observation/Inspection**

Yes: Within Normal Limits

Cardiovascular**Observation**

Yes: Within Normal Limits

Musculoskeletal**Gait**

Yes: Normal Gait

Exam Comments

Inmate able to speak in full sentences and appears in NAD

ASSESSMENT:

Diarrhea, unspecified, R197 - Current

PLAN:**New Laboratory Requests:**

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-C-Culture, Stool	One Time	11/29/2016 10:00	Routine
Additional Information:			
Routine enteric pathogen			
Labs requested to be reviewed by:			Edinger, Andrew MD/CD

Disposition:

Return Immediately if Condition Worsens

Return To Sick Call if Not Improved

Other:

Stool culture ordered

Advised BRAT diet

Increase fluids

Vital signs stable and no signs of dehydration today

Monitor

Patient Education Topics:Date InitiatedFormatHandout/TopicProviderOutcome

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: CASH, BRIAN KEITH

Date of Birth: 03/06/1977

Encounter Date: 11/29/2016 14:15

Reg #: 19124-057

Facility: LEW

Unit: X01

Mid Level Provider - Evaluation encounter performed at Special Housing Unit.

SUBJECTIVE:**COMPLAINT 1** Provider: Seroski, Jennifer PA-C**Chief Complaint:** GASTROINTESTINAL**Subjective:** F/U for GI symptoms. Reports no improvement from yesterday. Still having abdominal pain with cramping which is intermittent. Diarrhea 3-4 times today and described as watery. Denies fever, N/V, dizziness, or bloody diarrhea.**Pain:** Yes**Pain Assessment**

Date: 11/29/2016 14:16

Location: Abdomen - Diffuse

Quality of Pain: Cramping

Pain Scale: Unavailable

Intervention: see CPOE

Trauma Date/Year:

Injury:

Mechanism:

Onset: 3-5 Days

Duration: 3-5 Days

Exacerbating Factors: None

Relieving Factors: None

Comments:

OBJECTIVE:**Temperature:**

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
11/29/2016	14:18 LEW	96.4	35.8	Temporal	Seroski, Jennifer PA-C

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
11/29/2016	14:18 LEW	73			Seroski, Jennifer PA-C

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
11/29/2016	14:18 LEW	16	Seroski, Jennifer PA-C

Exam:**General****Affect**

Yes: Cooperative

Appearance

Yes: Alert and Oriented x 3

No: Lethargic, Pale, Diaphoretic

Lips

Exhibit C

Inmate Name: CASH, BRIAN KEITH	Reg #: 19124-057
Date of Birth: 03/06/1977	Facility: LEW
Encounter Date: 11/28/2016 16:53	Unit: X01

Exam:**General**

Yes: Within Normal Limits

Pulmonary**Observation/Inspection**

Yes: Within Normal Limits

Cardiovascular**Observation**

Yes: Within Normal Limits

Abdomen**Inspection**

Yes: Within Normal Limits

Palpation

Yes: Soft

No: Guarding

Musculoskeletal**Gait**

Yes: Normal Gait

Exam Comments

Inmate able to speak in full sentences and appears in NAD

ASSESSMENT:

Diarrhea, unspecified, R197 - Current

PLAN:**Copay Required:** No**Cosign Required:** No**Telephone/Verbal Order:** No

Completed by Seroski, Jennifer PA-C on 11/28/2016 16:53

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: CASH, BRIAN KEITH	Sex: M Race: BLACK	Reg #: 19124-057
Date of Birth: 03/06/1977	Provider: Seroski, Jennifer PA-C	Facility: LEW
Encounter Date: 11/30/2016 13:42		Unit: X01

Mid Level Provider - Follow up Visit encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Seroski, Jennifer PA-C

Chief Complaint: GASTROINTESTINAL

Subjective: F/U for GI symptoms. Inmate tells me that he is doing the same as yesterday if not worse and still feels sick. Having a lot of abdominal cramping and diarrhea continues. Unable to hold food down. Denies vomiting, bloody diarrhea, fever, or ha.

Pain: Yes

Pain Assessment

Date: 11/30/2016 13:45

Location: Abdomen - Diffuse

Quality of Pain: Cramping

Pain Scale: Unavailable

Intervention: see CPOE

Trauma Date/Year:

Injury:

Mechanism:

Onset: 3-5 Days

Duration: 3-5 Days

Exacerbating Factors: Eating

Relieving Factors: None

Comments:

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
11/30/2016	13:46 LEW	99.1	37.3	Oral	Seroski, Jennifer PA-C

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
11/30/2016	13:46 LEW	74	Radial	Regular	Seroski, Jennifer PA-C

Respirations:

Date	Time	Rate Per Minute	Provider
11/30/2016	13:46 LEW	16	Seroski, Jennifer PA-C

Exam:

General

Affect

Yes: Cooperative

Appearance

Yes: Alert and Oriented x 3

No: Appears in Pain, Pale, Diaphoretic

Skin

Exh. b H D

Inmate Name: CASH, BRIAN KEITH

Date of Birth: 03/06/1977

Encounter Date: 11/30/2016 13:42

Sex: M Race: BLACK

Provider: Seroski, Jennifer PA-C

Reg #: 19124-057

Facility: LEW

Unit: X01

Exam:**General**

Yes: Within Normal Limits

Lips**General**

No: Cheilitis

Mouth**Mucosa**

Yes: Within Normal Limits

Pulmonary**Observation/Inspection**

Yes: Within Normal Limits

Cardiovascular**Observation**

Yes: Within Normal Limits

Abdomen**Inspection**

Yes: Within Normal Limits

Musculoskeletal**Gait**

Yes: Normal Gait

ASSESSMENT:

Diarrhea, unspecified, R197 - Current

PLAN:**Disposition:**

Return Immediately if Condition Worsens

Return To Sick Call if Not Improved

Other:

Increase fluids

Vital signs stable

Frequent hand washing advised

Monitor

Patient Education Topics:**Date Initiated Format**

11/30/2016 Counseling

Handout/Topic

Plan of Care

Provider

Seroski, Jennifer

Outcome

Attentive

(Exhibit E)

**U.S. Department of Justice**

Federal Bureau of Prisons

Northeast Regional Office

Via Certified and Return Receipt Mail

*U.S. Custom House-7th Floor
2nd & Chestnut Streets
Philadelphia, PA. 19106*

June 5, 2017

Brian Cash, Reg. No. 19124-057
USP Lewisburg
P.O. Box 1000
Lewisburg, PA 17837

RE: Administrative Claim No. TRT-NER-2017-01567

Dear Mr. Cash:

Your Administrative Claim No. TRT-NER-2017-01567 properly received on December 21, 2016, has been considered for settlement as provided by the Federal Tort Claims Act (FTCA), 28 U.S.C. §2672, under authority delegated to me by 28 C.F.R. §543.30. Damages are sought in the amount of \$50,000.00 based on a personal injury claim. Specifically, you allege you became ill after being served contaminated food at USP Lewisburg.

After careful review of this claim, I have decided a settlement offer will be made in the amount of \$100.00. This amount is based upon our assessment of the relative value of your claim, based on your symptoms and treatment as verified in your medical record, and other factors. This is neither an admission nor denial of government liability.

If this amount is acceptable for settlement, please complete the highlighted portions and sign the enclosed voucher and promptly return it to this office for processing. If the offer is unacceptable, suit may be brought against the United States in the appropriate United States District Court within six (6) months of the date of this letter.

Sincerely,

Michael D. Tafelski
Regional Counsel

cc: David J. Ebbert, Warden, USP Lewisburg

(14)



U. S. Department of Justice

Federal Bureau of Prisons
United States Penitentiary
2400 Robert F. Miller Drive
P. O. Box 1000
Lewisburg, PA 17837

November 30, 2016

MEMORANDUM FOR ALL USP LEWISBURG INMATE POPULATION

FROM: *[Handwritten signature of David J. Ebbert]*
David J. Ebbert, Warden
SUBJECT: Gastrointestinal Illness

The purpose of this memorandum is to inform the inmate population of a gastrointestinal condition within the SMU population at USP Lewisburg. Inmates who have presented with symptoms (fever, diarrhea, and stomach cramping) are being isolated as well as a smaller number of unaffected inmates due to being celled and/or in direct contact with affected inmates.

We will continue with a modified schedule to include box lunches through the weekend. Commissary sales will resume on Thursday.

As a reminder, proper hygiene methods should be utilized such as frequent and effective hand washing:

1. Use warm, running water
2. Use soap whenever possible
3. Rub hands together for at least 20 seconds
4. Scrub underneath the fingernails
5. Rinse and then dry

When to wash your hands:

1. After using the toilet
2. Before eating or touching food



U. S. Department of Justice

Federal Bureau of Prisons
United States Penitentiary
2400 Robert F. Miller Drive
P. O. Box 1000
Lewisburg, PA 17837

30 de noviembre de 2016

MEMORÁNDUM PARA LA TODA POBLACIÓN DE RECLUSOS DE LEWISBURG USP

DE: David J. Ebbert, Alcaide

TEMA: Enfermedad Gastrointestinal

El propósito de este memorando es informar a la población reclusa de una afección gastrointestinal dentro de la población de la SMU en Lewisburg USP. Los reclusos que presentan con síntomas (fiebre, diarrea y retortijones de estómago) están siendo aislados así como un menor número de internos afectados por ser celled o en contacto directo con los internos afectados.

Vamos a seguir con un horario modificado para incluir cajas de almuerzo con el fin de semana. Ventas de Comisario se reanudarán el jueves.

Como recordatorio, deben utilizarse métodos de higiene como el lavado de manos frecuente y eficaz:

1. Caliente, agua corriente de uso
2. Usar jabón siempre que sea posible
3. Frotar las manos durante al menos 20 segundos
4. Matorrales por debajo de las uñas
5. Enjuague y luego seque

Cuándo lavarse las manos:

1. Despues de usar el inodoro
2. Antes de comer o tocar alimentos

Esta es una traducción de un documento de inglés proporcionado como cortesía a aquellas no dominan el inglés. Si se produce diferencias o cualquier malentendido, los documentos de registro será el documento inglés relacionado.

This is a translation of an English-language document provided as a courtesy to those not fluent in English. If differences or any misunderstandings occur, the documents of record shall be the related English-language document.

Brian Cash # 19124-057

U.S.P. Lewisburg
P.O. Box 1000

Lewisburg, PA 17837

July 12, 2017

clerk of court

U.S. District Courthouse

Middle District of Pennsylvania

235 N. Washington Ave.

P.O. Box 1148

Scranton, PA 18501

Dear clerk of court,

Hopefully this brief missive greet all of you in the greatest health, and in good spirits. All you, your families, & co-workers. Allow me to say I am not entitled to a typewriter. I only have access to certain writing paper. If I didn't follow the local court rules. I truly apologize. I have tried to follow the rules as much as possible. I'm also not entitled to a staple other. I truly apologize if I have violated any rules.

If I any other papers I need to fill out please mail them to me. Here is (3 copies) of

complaint with exhibits

JS44 form

Request to Proceed in forma pauperis

I hope my complaint is accepted in your court.

Thank you for your time and help

Brian Cash

ate Name: Brian Keith Carr
ister Number: 19124-057
ted States Penitentiary
Box 1000
isburg, PA 17837

Am
1/12/17

RECEIVED
SCRANTON

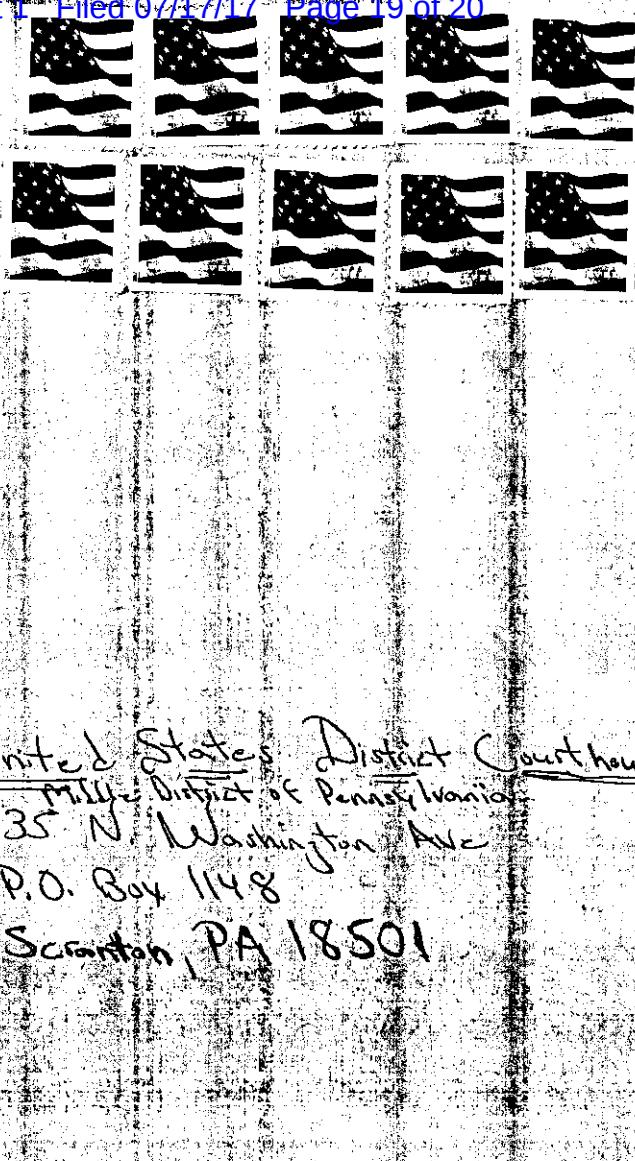
JUL 17 2017

PER

DEPUTY CLERK

(Legal Mail)

United States District Courthouse
Mills District of Pennsylvania
235 N Washington Ave
P.O. Box 1148
Scranton, PA 18501



CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS <i>Brian K. Cash</i>		DEFENDANTS <i>United States</i>	
(b) County of Residence of First Listed Plaintiff <i>Union</i> (EXCEPT IN U.S. PLAINTIFF CASES)		County of Residence of First Listed Defendant <i>Union</i> IN U.S. PLAINTIFF CASES ONLY	
(c) Attorneys (Firm Name, Address, and Telephone Number)		NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED	
II. BASIS OF JURISDICTION (Place an "X" in One Box Only)		III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)	
<input type="checkbox"/> 1 U.S. Government Plaintiff	<input type="checkbox"/> 3 Federal Question (U.S. Government Not a Party)	Citizen of This State <input checked="" type="checkbox"/> PTF <input checked="" type="checkbox"/> DEF	Incorporated or Principal Place of Business In This State <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input checked="" type="checkbox"/> 2 U.S. Government Defendant	<input type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in Item III)	Citizen of Another State <input type="checkbox"/> 2 <input type="checkbox"/> 3 Incorporated and Principal Place of Business In Another State <input type="checkbox"/> 5 <input type="checkbox"/> 6	Citizen or Subject of a Foreign Country <input type="checkbox"/> 3 <input type="checkbox"/> 4 Foreign Nation <input type="checkbox"/> 6 <input type="checkbox"/> 7
IV. NATURE OF SUIT (Place an "X" in One Box Only)			
CONTRACT		TORTS	
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise		<input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input checked="" type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	
<input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/ Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability		<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other	
<input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability		<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark	
<input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act		<input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g))	
<input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/ Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education		<input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	
V. ORIGIN (Place an "X" in One Box Only) <input checked="" type="checkbox"/> 1 Original Proceeding <input type="checkbox"/> 2 Removed from State Court <input type="checkbox"/> 3 Remanded from Appellate Court <input type="checkbox"/> 4 Reinstated or Reopened <input type="checkbox"/> 5 Transferred from Another District (specify) <input type="checkbox"/> 6 Multidistrict Litigation			
VI. CAUSE OF ACTION			
Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity): Brief description of cause:			
VII. REQUESTED IN COMPLAINT:		DEMAND \$	CHECK YES only if demanded in complaint: JURY DEMAND: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
VIII. RELATED CASE(S) IF ANY		(See instructions): JUDGE DOCKET NUMBER	
DATE	SIGNATURE OF ATTORNEY OF RECORD <i>Brian Cash</i>		
FOR OFFICE USE ONLY			
RECEIPT #	AMOUNT	APPLYING IFP	JUDGE
		MAG. JUDGE	